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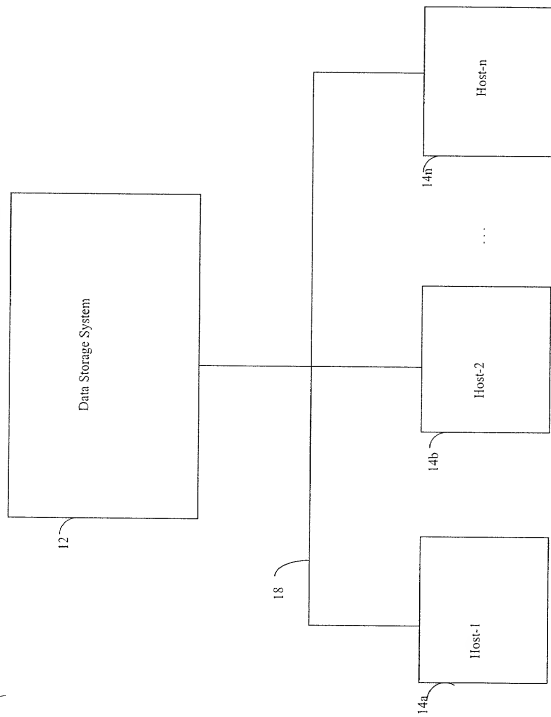


FIGURE 1

14a

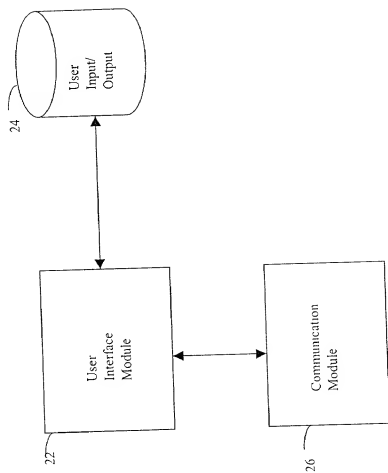


FIGURE 2

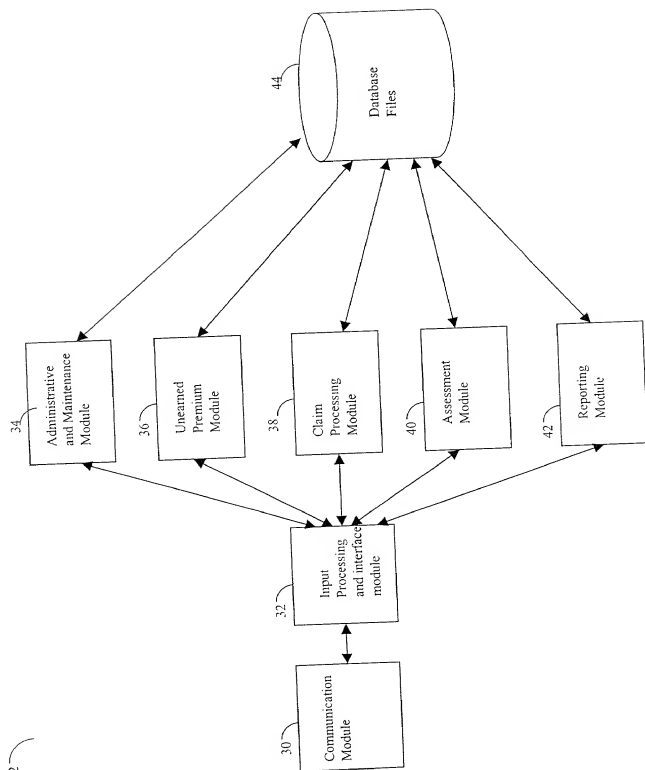


FIGURE 3

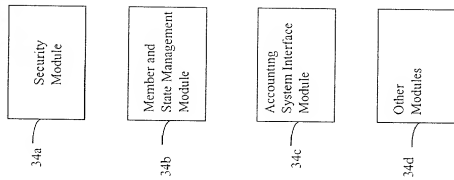


FIGURE 4

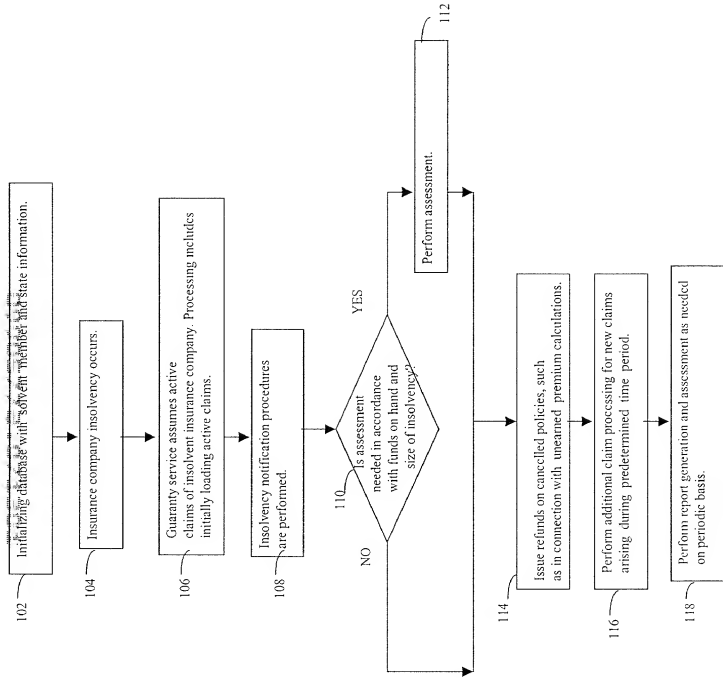
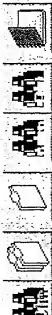


FIGURE 5



FIGURE 6

e Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help



Claim Detail

State Fund: Claim Number: Type: Claim

Insolvency: GFMS Number: Status: Open

Policy Number: Date of Loss: Status Reason:

Insured: Status Change Date: 12/08/2000

First Name: MI: Last Name: Closed Status

D/B/A or Company: Approval ID:

☐ Blocked ☐ Read Notes

Policy

Insured: Agent: Claimant:

Street 1: Inception Date: Termination Date:

Street 2: Policy Level: Excess of:

Street 3: City: State:

Zip Code: Telephone: Ext:

Fax: Email:

Policy Limits:

☒ Single ☐ Split ☐ per person ☐ per occurrence



Claim Detail

State Fund: Claim Number: Type: Claim

Insolvency: GFMS Number: Status: Open

Policy Number: Date of Loss: Status Reason:

Insured: MI: Last Name: Status Change Date: 12/08/2000

First Name: Closed Status:

D/B/A or Company: Approval ID:

☐ Blocked ☐ Read Notes

Policy

Date Reported: Related Claim Number:

Date Received: Liquidator's Claim Number:

Date Entered: 12/08/2000 Defense Attorney 1:

Entered By: JS2 - Stadlander, Jason Defense Attorney 2:

Claim Handler: Toxic Site:

Lookup Code(s): Insurance Account:

1: Line of Insurance:

2: Claim Box Number:

3: File Location:

File Location Date: 12/08/2000

00 - ONE BOWDOIN SQUARE

New Search Totals Inquiries Details Payment Delete Print Save Close

Print MC 7C



Claim Detail

State Fund: MA Claim Number: 000291331-003

Insolvency: 180 - TRUST INSURANCE COMPANY GPMS Number: 88637

Policy Number: Insured: DEBORAH MI Last Name: FLANAGAN Date of Loss: 08/20/1998

Status: Open CBN: Type: Status: Status Reason: Status Change Date: 08/09/2000

Closed Status Approval ID: Blocked Read Notes

Policy

Claim

Claimant

Claimant List

Claimant #	Claimant Name	Address	Telephone	Fax	E-Mail	Social Security	Date of Birth
1	DEBORAH FLANAGAN						

New	Search	Totals	Notes	Diary	Payment	Delete	Print	Save	Close
-----	--------	--------	-------	-------	---------	--------	-------	------	-------

154

e Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help

Unearned Premiums New Ctrl+N

154

Picture 8/7

17/08/2000

11:35 AM



Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured

Insured #1 - First Name:

Insured #2 - First Name:

D/B/A or Company:

MI: Last Name:

MI: Last Name:

Policy

Policy Information

Inception Date:

Billing Type:

Termination Date:

Auditable:

Premium Calculation

Payment History

Agent:

UP Handler:

Entered By:

File Location:

File Location Date:

Status:

Status Reason:

Status Change Date:

New

Search

Notes

Print

Delete

Print

Save

Close

Key

230

226C 226D

226D

226

226

2260



Unearned Premium Policy Detail

State Fund: Insolvency: UP Policy Number:

Insured

Insured #1: First Name: MI: Last Name: Insured #2: First Name: MI: Last Name: D/B/A or Company:

Policy

Insured

Street 1: Street 2: Street 3: City: Zip Code: State:

Proof of Claim

Waived

Proof of Claim #:

Insured

Premium Calculation

Payment History

Optional or Additional Payer

Type: Name: Street 1: Street 2: Street 3: City: Zip Code: State:

New

Search

Notes

Diary

Delete

Print

Save

Close

230



Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured

Insured #1: First Name: MI: Last Name:

Insured #2: First Name: MI: Last Name:

D/B/A or Company:

Policy	Insured	Premium Calculation	Payment History
Line of Insurance:			
Total Premium:	2500	2500	
Premium Paid:	2500		
Gross Unearned Premium:	2500		
Remaining Deductible:		State Deductible	Non-Payment Letter
Payments Issued:		State Cap	Payments Issued Letter
Override Amount:	2500	Deductible Applied	
Unearned Premium to be Paid		Pending Amount	
Reserve:			

New Search Notes Diary Delete Print Save Close

e Claims Unearned Premiums Assessments Member/State Financial Administrator Reports Diary View Window Help

Unearned Premium Policy Detail

State Fund: MA - Massachusetts Inmate Indemnity Fund *260*

Incency: 143 - AMERICAN MUTUAL INSURANCE OF BOSTON *260*

UP Policy Number: C240362018 *260*

Insured: *260*

Insured #1: First Name: SMITKUMAR B KADAKIA *260*
 Last Name: SMITKUMAR B KADAKIA *260*

Insured #2: First Name: SMITKUMAR B KADAKIA *260*
 Last Name: SMITKUMAR B KADAKIA *260*

D/B/A or Company: SMITKUMAR B KADAKIA *260*

Premium Calculation

Policy Insured

Date: 05/14/1999 Amount: \$283.00

Payee/Description: PAYMENT REVERSED ON 11/29/99

Check #: 34146 REVERSED

Status: RECOVERY

Reason: DTHREC

UP Handler: DAI

Entered By: DAI

Payment History

Reverse Recover Delete

New Search Notes Diary Delete Print Save Close

10/10/2000 11:25 AM

N 200

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Display View Window Help



200

State Fund		Massachusetts Insurance Fund	
Insolvency	Insolvency	AMERICAN MUTUAL INSURANCE OF BOSTON	
UP Policy Number	Policy Number	C240362018	
Insured #1 First	Insured	SMITKUMAR B KADAKIA SMITKUMAR B KADAKIA	
Insured #2 First	Claimant		
D/B/A or Company	Claim Number		
	Date of Loss		
Line of Insurance	User ID	Reviewer ID	Number of Days
Total Premium	Diary Date	Review Date	OR
Premium Paid	Comments	01/22/2001	
Gross Unearned	Diary History List	New Unearned Premium	
Renewing Deductible	Diary Date	Review Date	Comments
Payments Issued			
Overdue Amount			
Unearned Premium Reserve			
New			

11:26 AM

12/08/2000



280)



New...
Search...

CHRG ~ 1560
CHHA ~ 1560

Premiums... ~ 1560
Allocate / Approve Assessment... ~ 1560
Process Assessment... ~ 1560
Refund Search... ~ 1560
NAIC Data Load... ~ 1560



Premium Summary

State Fund: Year: Insolvency Date:

Member Find

NAIC # Status

Premium Subtotals

Member Ratios

Members	NAIC #

Premium Detail

Add Premium

Delete Premium

Insolvency Dates

Calculate State Law

Close



Individual Assessment Search

State Fund

Insolvency

Insurance Account

Kind

Type

☐

Reversal

☐

Include Adjustments

7 /

Assessment Date

Premium Base Year

Status

Reversal

Assess Date State Fund Insolvency Acct Kind Type Amount Base Year Status Reversal

Search

New

Delete

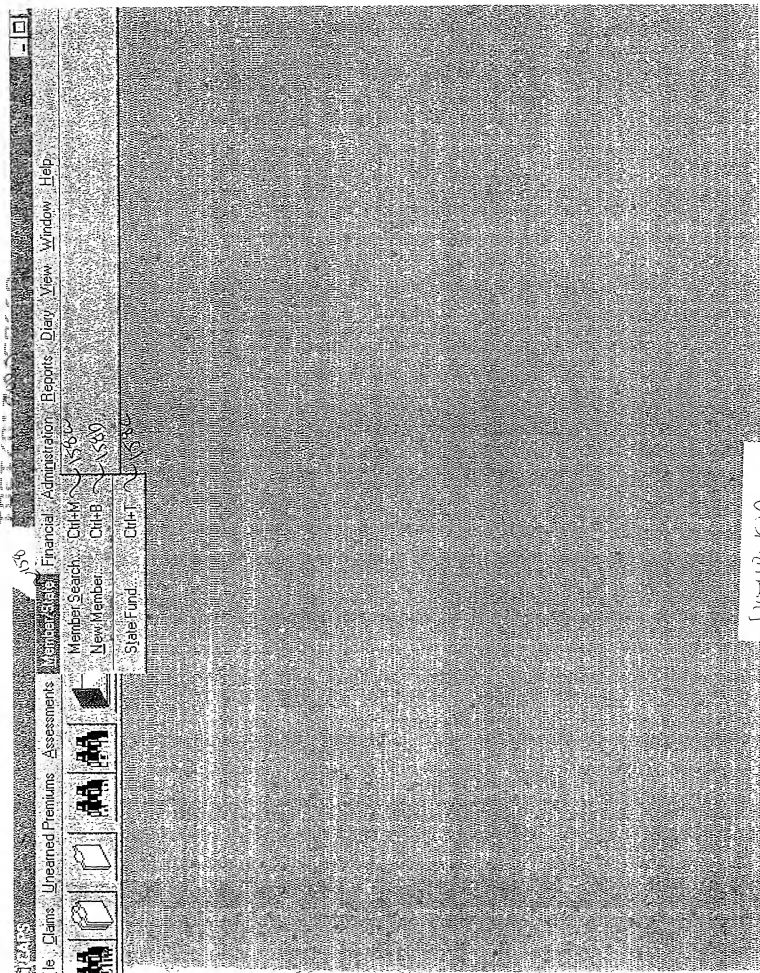
Select

Close

716411: 9C

12/08/2000

11:30 AM





Member Detail

NAIC Number: *25010*

Member Name: *W 3010*

Assign to Group

Group Code: *101* Group Name: *101*

Member

Insolvency **Statutory Liquidator** **Operational Liquidator** **State Funds** **Comments**

Street 1: *Gold*

Street 2:

Street 3:

City: State:

Zip Code:

Contact:

Telephone: Ext:

Fax:

E-Mail:

State or Domicile:

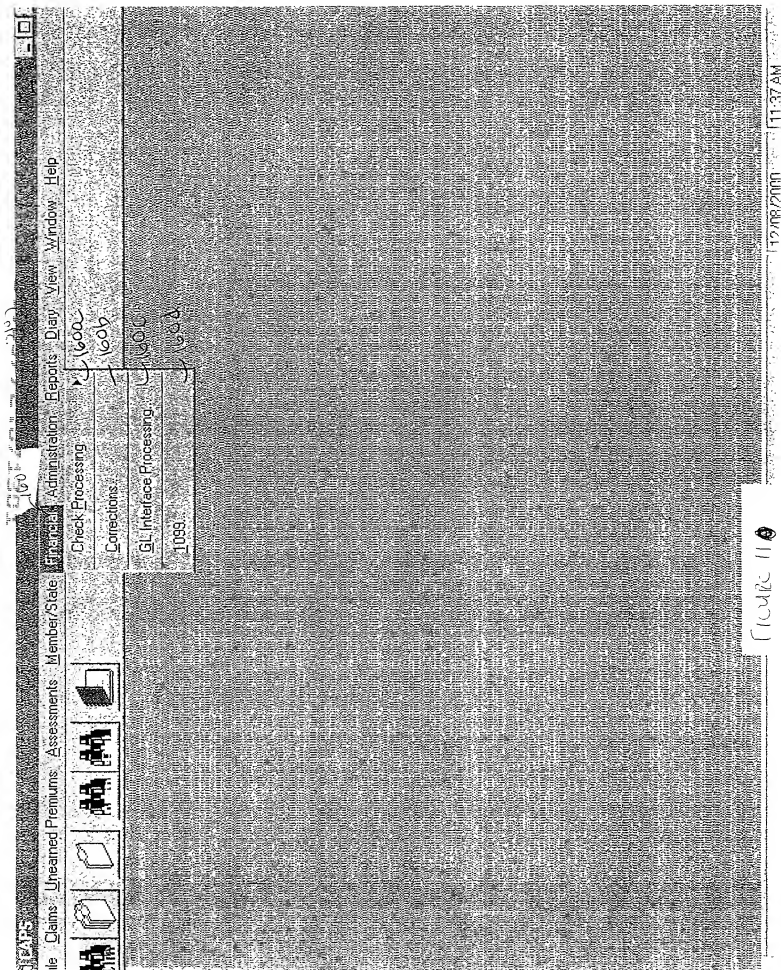
☐ Serving Carrier

☐ Split Member ☐ Split ☐ Year

☐ Address:

☐ Combine Member ☐ Combine ☐ Member(s)

Search Insolvency New Save Close



12:05

e Claims Unearned Premiums Assessments Member/State Financial Admin Utilization Reports Diary View Window Help



Add Code

File Location:

Approvals

Agent

Liquidator

Provider/Payee

Towle Site

Helmman

DOS Map

NAIC LOI Code

Insurance Account

Security

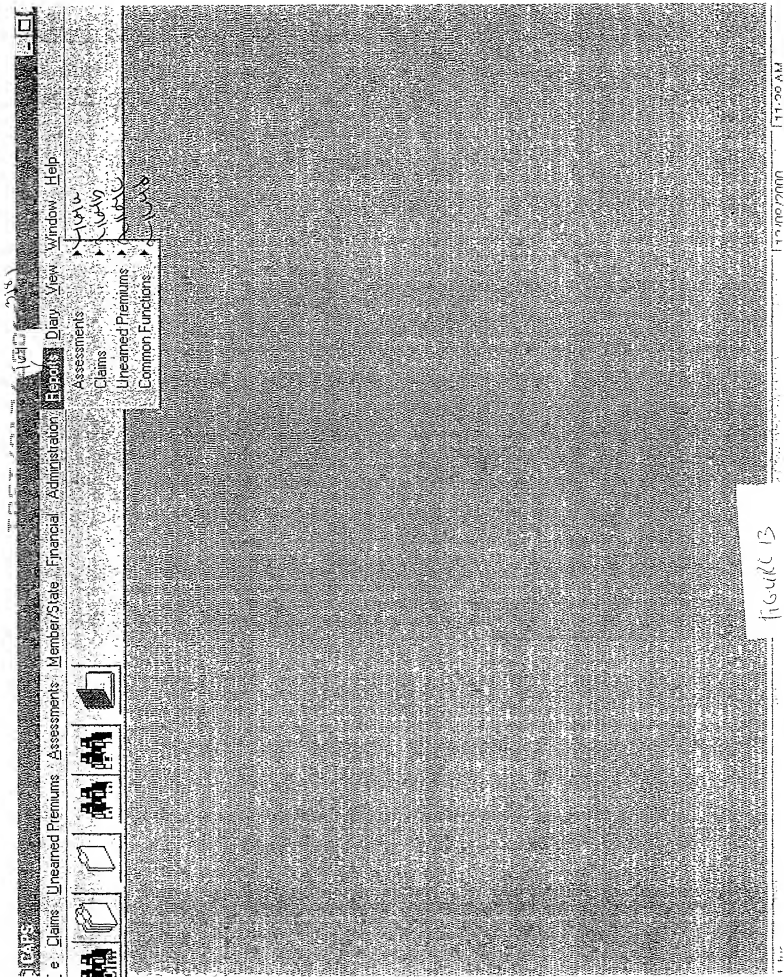
Claim Handler

Change Password...

Ctrl+W

FIC-011112

17/08/2000 11:37 AM







11/13/08

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Change Password

User ID:

193

Old Password:

New Password:

Confirm New Password:

Cancel

OK

11/13/08 15

12/08/2000

11:32 AM



Users

User ID	UserName	Status
DA1	Angelo, Denise	Active
LA2	Anderson, Laura	Active
LA1	Angelone, Linda	Active
AUDITORS	auditor, auditor	Active
BB1	Barry, Robert	Active
RFB	Barry, Robert	Active
RB1	Bell, Richard	Active
VB1	Bena, Vivian	Active
MB1	Biever, Marisa	Active
DB1	Brown, Donald	Active
LC2	Cardinal, Leanne	Active

New... Modify... Assign Roles... Close

Amigo

User Name: Amigo, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Save Cancel

Good

Bad

2330C



Handwritten: 10/2/2000

User ID	User Name	Status
DA1	Amigo, Denise	Active
LA1	Anderson, Laura	Active
LA1	Angelone, Linda	Active
AUDITORS	auditor, auditor	Active
BB1	Barry, Robert	Active
RFB	Barry, Robert	Active
RB1	Bell, Richard	Active
VB1	Bena, Vivian	Active
MB1	Biever, Marica	Active
DB1	Brown, Donald	Active
LC2	Cardinal, Leanne	Active

Handwritten: 10/2/2000

New

Handwritten: 10/2/2000

Assign Roles

User Name: Antigo, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Save

Cancel



dec 2

8

3

246

User ID: LA1

User Name: LA1

First Name: LA1

Last Name: Amigo

User Login ID: LA1

User Status: Active

Denize

Save Cancel

New... Modify Assign Roles Close

User ID	User Name	First Name	Last Name	User Login ID	User Status
LA1	LA1	LA1	Amigo	LA1	Active
LA2					
LA1					
AUDITORS					
BB1					
RFB					
VB1					
MB1					
DB1					
LC2					

Figure 1x

400

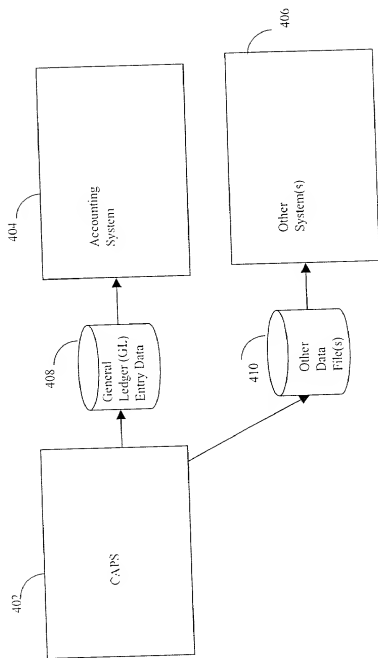


FIGURE 19

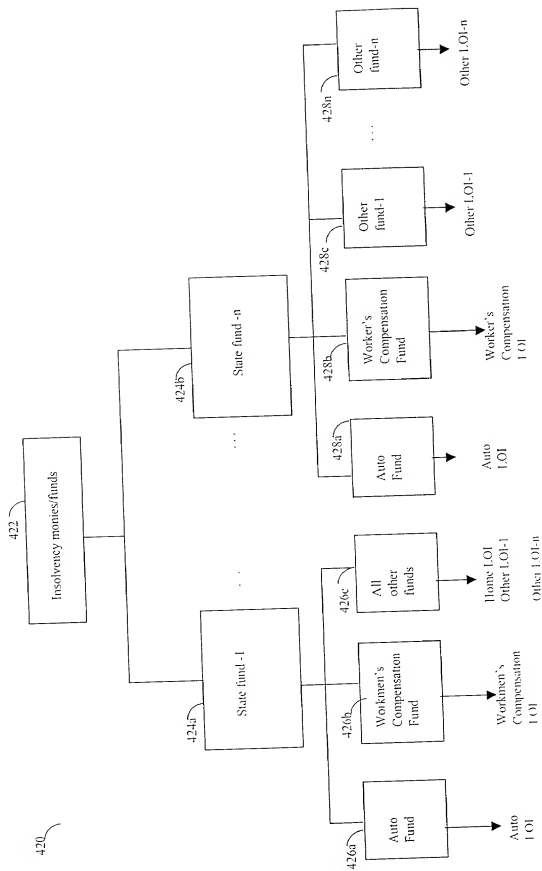


FIGURE 20

5007

Insolvency Mapping

Insolvency: Johnson Mutual Insurance Company

State Fund: NH

Insurance Account: Auto

Coverage List

Yes/No	Coverage Code	Coverage Description
N	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit
N	305006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate
N	305008	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305012	Commercial Auto-Liability-Bodily Injury-Uninsured Motorist
N	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit
N	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate
N	305021	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305024	Commercial Auto-Liability-Property Damage-Uninsured Motorist
N	305027	Personal Injury Protection (PIP)-No Fault
N	305030	Medical Payments
N	305033	Comprehensive or Specified Perils

Map/Unmap Save Close

504

502

Suba

Subb

Subc

FIGURE 21

00005772.071004

510

514

Totals

State Fund: MA
 Insolvency: Abington Mutual Insurance Company
 Policy Number: HP020240000000000000

Claim Number: 12345678901234567890
 GFMS Number: GF00000001
 Date of Loss: 04/27/1999

Claimant: Bronson Klopfenstein

Coverage

Coverage List	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Coverage	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$1,000.00	\$100.00	\$500.00
Benefits	\$11,000.00	\$500.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0
Medical Expense	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0
COLA									
Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIGURE 22

540 542 540 540 550 552

	Action	Diary Type	Claim	Unearned Premium	Generic ⁺
Approval	• when a claim payment is deleted	Claim payment approval	✓		
Approval	• when an unearned premium payment is deleted	Up payment approval		✓	
Approval	• when the closing of a claim is rejected	Claim closing approval	✓		
Approval	• when the closing of an unearned premium is rejected	Up closing approval		✓	
Claim	• when a claim status is changed to "close"	Claim status changed	✓		
Unearned Premium	• when an unearned premium status is changed to "close"	Up status changed		✓	
LOI	• when a LOI is modified	Loi modified			✓
LOI	• when a LOI is deleted	Loi deleted			✓
Notes	• when a claim note is sent to a reviewer	Claim note	✓		
Notes	• when a claimant note is sent to a reviewer	Claimant note	✓		
Notes	• when an unearned premium note is sent to a reviewer	Up note		✓	
Reserve	• when a reserve is adjusted for a claimant	Claim reserve	✓		
Reserve	• when a reserve is adjusted for an unearned premium policy	Up reserve		✓	
Taxpayer	• when a new taxpayer is added	New taxpayer			✓
Taxpayer	• when a taxpayer is modified	Modify taxpayer			✓
Claimant	• When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval.	Claimant reserve above limit	✓		

FIGURE 25

Figure 26A

		H92	G92
	J92		C92
D92	C92		B92

609

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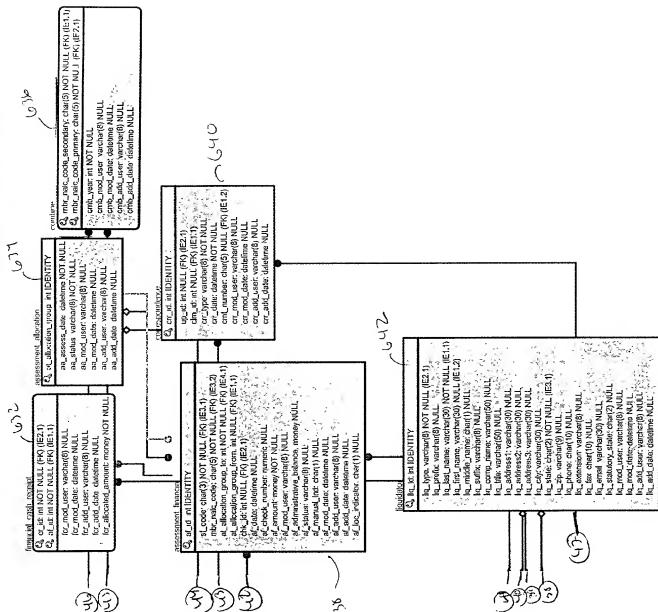
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F-160978

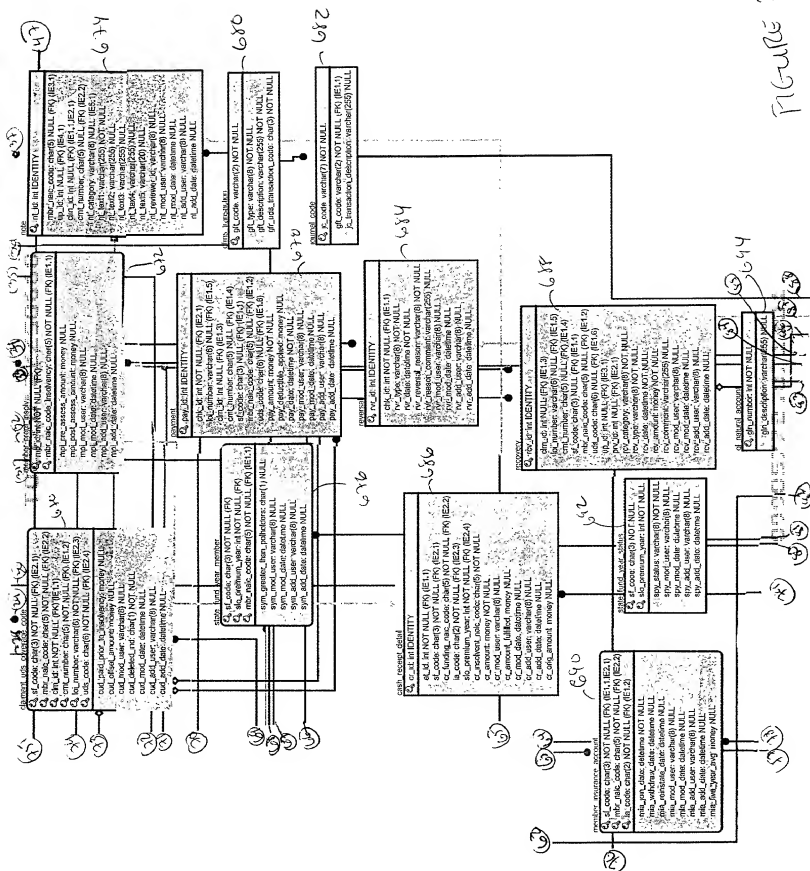


The diagram illustrates a network of interconnected nodes, each containing a list of SQL queries. The nodes are labeled with numbers 1 through 16. The queries are organized into groups, with some groups having a common prefix like 'tbl' or 'tbl2'. The queries are designed to exploit vulnerabilities in a database system, likely related to the 'tbl' and 'tbl2' tables. The diagram illustrates a sequence of operations, possibly a data exfiltration or manipulation attack, involving multiple database tables and columns.

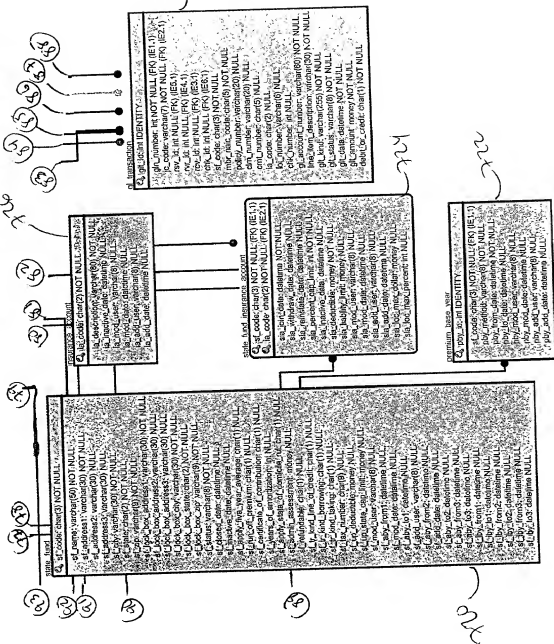
Node 1:

```
tbl, tbl2, tbl3, tbl4, tbl5, tbl6, tbl7, tbl8, tbl9, tbl10, tbl11, tbl12, tbl13, tbl14, tbl15, tbl16, tbl17, tbl18, tbl19, tbl20, tbl21, tbl22, tbl23, tbl24, tbl25, tbl26, tbl27, tbl28, tbl29, tbl30, tbl31, tbl32, tbl33, tbl34, tbl35, tbl36, tbl37, tbl38, tbl39, tbl40, tbl41, tbl42, tbl43, tbl44, tbl45, tbl46, tbl47, tbl48, tbl49, tbl50, tbl51, tbl52, tbl53, tbl54, tbl55, tbl56, tbl57, tbl58, tbl59, tbl60, tbl61, tbl62, tbl63, tbl64, tbl65, tbl66, tbl67, tbl68, tbl69, tbl70, tbl71, tbl72, tbl73, tbl74, tbl75, tbl76, tbl77, tbl78, tbl79, tbl80, tbl81, tbl82, tbl83, tbl84, tbl85, tbl86, tbl87, tbl88, tbl89, tbl90, tbl91, tbl92, tbl93, tbl94, tbl95, tbl96, tbl97, tbl98, tbl99, tbl100, tbl101, tbl102, tbl103, tbl104, tbl105, tbl106, tbl107, tbl108, tbl109, tbl110, tbl111, tbl112, tbl113, tbl114, tbl115, tbl116, tbl117, tbl118, tbl119, tbl120, tbl121, tbl122, tbl123, tbl124, tbl125, tbl126, tbl127, tbl128, tbl129, tbl130, tbl131, tbl132, tbl133, tbl134, tbl135, tbl136, tbl137, tbl138, 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```

192 201912



BOOKS *See* **REVIEWS**



Frederick X

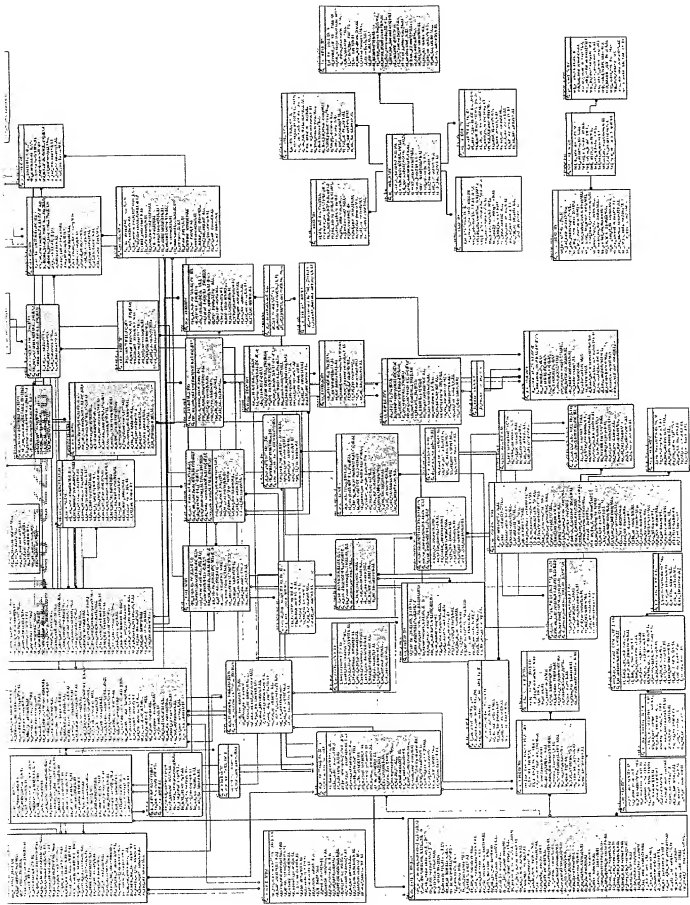


FIGURE 26 I

FIGURE 27

Screens of Assessments

NAIC Data Load

NAIC Load History

Premium Year	State Fund	File Type	Date	Records Staged	Records Loaded	Status
1999	VA	MEMPREM	08/28/2000	40480	25991	LOADED
1999	CT	MEMPREM	08/27/2000	34640	24336	LOADED
1999	RI	MEMPREM	08/27/2000	32960	24024	LOADED
1999	VT	MEMPREM	08/25/2000	31400	20124	LOADED
1999	NH	MEMPREM	08/24/2000	29400	18759	LOADED
1999	ME	MEMPREM	08/23/2000	30000	19071	LOADED
1999	MA	MEMPREM	08/22/2000	34720	23829	LOADED
1999	DC	MEMPREM	08/21/2000	35080	25584	LOADED

Stage from File... Preview Data Load into CAPS Clear Cancel

FIGURE 29

NAIC Data Preview - MEMPREM

1018

NAIC Data Preview - MEMPREM

Premium Year: 1999

State Fund: VA

Member Find

NAIC #:

End

Filter

☒ All

☐ Loaded

☐ Not Loaded

NAIC	State Fund	LOI	Premium	Dividends	Unpaid	Loaded
10014	VA	1	1632932	0	0	Y
10014	VA	2.1	94363	0	0	Y
10014	VA	2.2	0	0	0	Y
10014	VA	2.3	0	0	0	Y
10014	VA	3	0	0	0	Y
10014	VA	4	4784	940	15804	Y
10014	VA	5.1	39856	0	0	Y
10014	VA	5.2	0	0	0	Y
10014	VA	6	0	0	0	Y
10014	VA	8	136029	0	49028	Y
10014	VA	9	600117	0	3075	Y
10014	VA	10	0	0	0	Y
10014	VA	11	0	0	0	Y
10014	VA	12	0	0	0	Y
10014	VA	13	0	0	0	Y
10014	VA	14	0	0	0	Y
10014	VA	15.1	0	0	0	Y
10014	VA	15.2	0	0	0	Y
10014	VA	15.3	0	0	0	Y

Cancel

NAIC File Staging

1010

NAIC File Staging

State Fund:

Premium Year: 1999

File Type: Demographics

File Name:

Status:

% Complete:

OK Options Close

1012

FIGURE 31

NAIC Data File Selection

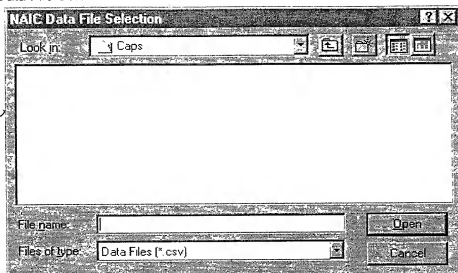


Figure 32

NAIC Data Load Options

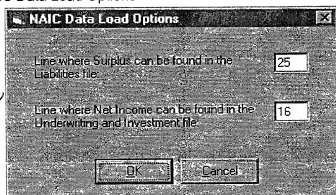


Figure 33

Premium Summary / Premium Subtotals Tab (scroll left)

Premium Summary

State Fund: RI Year: 1994 Involuntary Date: NAIC# Member Find: Status: Approved

Premium Subtotals

Member	NAIC#	Auto	Other	Workers' Comp	Total	(Non-Assessable)	Auto P.A.
AFFILIATED FM INSURAN	10014	0	1,087,498	3	1,087,501	325,987	
ARBELLA INDEMNITY INS	10017	0	0	0	0	0	
AGWAY INSURANCE CO	10022	3,721	789	0	4,490	0	
ACE INDEMNITY INSURAI	10030	0	0	0	0	0	
AMERICAN BANKERS INS	10111	87,833	1,844,755	0	1,932,588	754,632	
AMERICAN LIVE STOCK I	10200	0	0	0	0	0	
NATIONAL CONTINENTAL	10243	0	0	0	0	0	
APPALACHIAN INSURAN	10315	0	0	0	0	0	
NOBEL INSURANCE COM	10340	0	74	0	74	57,432	
AVEMCO INSURANCE CO	10367	0	153,302	0	153,302	21,583	
AMERICAN CENTENNIAL	10391	0	80,600	0	80,600	74,192	
SUMMIT INSURANCE CO	10430	155,646	351,320	0	507,556	0	
CANAL INSURANCE COM	10464	1,199,321	38,491	0	1,237,812	0	
CHRYSLER INSURANCE	10495	897,682	132,883	1,195	831,760	10,837	
CAROLINA CASUALTY IN	10510	105,930	5,875	0	115,805	0	
PROSELECT INSURANCE	10638	0	0	0	0	0	

Premium Detail Add Premium Involuntary Dates Calculate State Law Close

FIGURE 34

Premium Summary / Premium Subtotals Tab (scroll right)

Premium Summary

State Fund: RI Year: 1994 Involuntary Date: NAIC# Member Find: Status: Approved

Premium Subtotals

Member	NAIC#	Auto P.A.	Other P.A.	Workers' Comp	Total P.A.	(Assessable) P.A.	Unallocated
AFFILIATED FM INSURAN	10014	0	0	0	0	0	84,381
ARBELLA INDEMNITY INS	10017	0	0	0	0	0	0
AGWAY INSURANCE CO	10022	0	0	0	0	0	18
ACE INDEMNITY INSURAI	10030	0	0	0	0	0	0
AMERICAN BANKERS INS	10111	87,833	679,288	0	767,121	345,348	1,639,335
AMERICAN LIVE STOCK I	10200	0	0	0	0	0	0
NATIONAL CONTINENTAL	10243	0	0	0	0	0	0
APPALACHIAN INSURAN	10315	0	0	0	0	0	0
NOBEL INSURANCE COM	10340	0	0	0	0	0	0
AVEMCO INSURANCE CO	10367	0	0	0	0	0	21,583
AMERICAN CENTENNIAL	10391	0	0	0	0	0	80,600
SUMMIT INSURANCE CO	10430	0	0	0	0	0	6,327
CANAL INSURANCE COM	10464	0	0	0	0	0	38,491
CHRYSLER INSURANCE	10495	0	0	0	0	0	3,849
CAROLINA CASUALTY IN	10510	0	0	0	0	0	5,875
PROSELECT INSURANCE	10638	0	0	0	0	0	0

Premium Detail Add Premium Involuntary Dates Calculate State Law Close

FIGURE 35

1144a

1140a

FIGURE 36

1140b

Premium Summary

Member Info: Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Policy ID: [REDACTED] Date: [REDACTED]

Premium Summary

Member	Company	Policy ID	Date	Work % Compens	Auto P/A	CH % P/A	Work % Compens
PHILIPPIAN INSURANCE	10101	000287255	000000001				
PHILIPPIAN INSURANCE	10101	000000000	000000000				
ARMWAY INSURANCE CO	10022	000000204	000000000				
ACE INDEMNITY INSURANCE	10030	000000000	000000000				
AMERICAN BANKERS INSURANCE	10111	000488175	000000000			000179760	
AMERICAN LIFE STOCK INSURANCE	10200	000000000	000000000				
NATIONAL CENTENNIAL INSURANCE	10243	000000000	000000000				
AFRICAN-AMERICAN INSURANCE	10315	000000000	000000000				
NOBLES INSURANCE CO	10400	000000020	000000000				
AMERICAN INSURANCE CO	10352	000421596	000000000				
AMERICAN CENTENNIAL INSURANCE	10381	000021170	000000000				
SUMMIT INSURANCE CO	10430	000083129	000000000				
CANAL INSURANCE CO	10450	000010196	000000000				
CHRYSLER INSURANCE CO	10499	000035155	000004286				
CAROLINA CASUALTY INSURANCE	10510	000001555	000000000				

Buttons: [Previous Page] [Refresh Member] [Done]

FIGURE 37

Premium Detail (scroll left)

State Fund: **RI** Year: **1994** NAIC #: **10111** AMERICAN BANKERS INS. CO. OF FLORIDA Status: **Approved**
 Intolvency Date: **1/1** \$ 300 Policy Holder

LOI #	Line of Insurance	Account	NAIC Premium	NAIC Dividend %	Adjusted Premium	Adjusted Dividend	State Law Adjusted	Net
1	FIRE	Other	2,848	0				
21	ALIEN LINES	Other	132	0				
3	FARM OWNERS MULTIP	Other	15,478	0				
4	HOMEOWNERS MULTIP	Other	505,624	0				
9	INLAND MARINE	Mult	1,296,383	0	1,296,383	0		
13	GROUP ACCIDENT & HEP	Non-Asse	344,485	0				
15.6	ALL OTHER ASSE	Non-Asse	65,865	0				
17	OTHER LIABILITY	Other	24,280	0				
19.2	OTHER PRIVATE PASSG	Auto	26,845	0				
21.1	PRIVATE PASSENGER	Auto	60,888	0				
24	SURETY	Non-Asse	730	0				
31	AGGREGATE WHITE INS	Mult	343,552	0	343,552	0		

Totals: NAIC Premium: **2,687,210** Net Premium: **2,687,210**
 NAIC Dividend: **0** Net Premium Post Assessment: **1,112,469**

Save Cancel Close

Premium Detail (scroll right)

State Fund: **RI** Year: **1994** NAIC #: **10111** AMERICAN BANKERS INS. CO. OF FLORIDA Status: **Approved**
 Intolvency Date: **1/1** \$ 300 Policy Holder

LOI #	Line of Insurance	Account	Net Premium	Post Assessment Adjusted	State Law Post Ass	Net Premium Post A
1	FIRE	Other	2,848			2,848
21	ALIEN LINES	Other	132			132
3	FARM OWNERS MULTIP	Other	15,478			15,478
4	HOMEOWNERS MULTIP	Other	505,624	505,327		505,327
9	INLAND MARINE	Mult	1,296,383	131,223		131,223
13	GROUP ACCIDENT & HEP	Non-Asse	344,485	868		868
15.6	ALL OTHER ASSE	Non-Asse	65,865	98		98
17	OTHER LIABILITY	Other	24,280			24,280
19.2	OTHER PRIVATE PASSG	Auto	26,845			26,845
21.1	PRIVATE PASSENGER	Auto	60,888			60,888
24	SURETY	Non-Asse	730			730
31	AGGREGATE WHITE INS	Mult	343,552			343,552

Totals: NAIC Premium: **2,687,210** Net Premium: **2,687,210**
 NAIC Dividend: **0** Net Premium Post Assessment: **1,112,469**

Save Cancel Close

FIGURE 39

Aggregate write-in Allocation window

AGGREGATE WRITE-INS Allocation

Allocation Base Total: 0 Unallocated: 0

Status: Approved

Insurance Account Total:

Account	Subtotal
Auto	0
Other	0
Workers' Compensation (Non-Assignable)	343,552

Allocation:

LD#	Line of Insurance	Account	Allocation Base	Premium	Dividends	State Law	Net	Flood Assessment
21-336	CONVERSION - AUTO	Auto		0	0	0	0	0
21-397	CONVERSION - OTHER	Other		0	0	0	0	0
21-398	CONVERSION - WORKERS	Workers		0	0	0	0	0
21-999	CONVERSION - NONE	Non-Ass		343,552	0	0	343,552	0

Save Cancel

FIGURE 40

Insolvency Date Maintenance

Insolvency Date Maintenance

Available Insolvencies:

Insolvency	Date
Empire Mutual Insurance Company	09/07/19
Allied Fidelity Insurance Company	07/15/19
American Druggist Insurance Company	04/30/19
Carriers Insurance Company	01/16/19
Commercial Compensation Casualty Cor	09/26/20
Integrity Insurance Company	03/24/19
American Reserve Insurance Company	06/07/19
Credit General Insurance Company	01/05/20
Transit Casualty Company	12/03/19

Selected Insolvencies:

Insolvency	Date
------------	------

Add Remove

Save Cancel

FIGURE 41

Gross Assessment

Gross Assessment

State Fund: [Dropdown] Status: Recommended

Insolvency: [Dropdown]

Insurance Account: [Dropdown]

Kind: [Dropdown]

Type: Normal

Assessment Date: 05/25/2001

Amount: [Text Box]

Deferred Amount: [Text Box]

Premium Base Year: [Text Box]

Reversal: ☐

New Activate Record Reverse Filter Search Save Close

FIGURE 42

FIGURE 43

1204

rw

1222

1224

FIGURE 44

Assessment History / Assessment Tab

FIGURE 45

Assessment History

State Fund: CT NAC#: 16111 AMERICAN BANKERS INS. CO. OF FLORIDA

Payment / Refund: Date: Check Number: L.O.C. Balance: Member Balance:

Amount: Line of Credit:

Assessments

Assessment Date	Adjustment Date	Amount	Paid Amount	Apply Amount
12/28/2000		16,215	16,215 N	
10/27/1999		172	172 N	
11/06/1998		-605	-605 N	
11/24/1997		-1,446	-1,446 N	
12/17/1996		-2,396	-2,396 N	
12/05/1995		-3,003	-3,003 N	
11/08/1994		-3,523	-3,523 N	
12/13/1993		-1,915	-1,915 N	
11/17/1992		-5,164	-5,164 N	
11/18/1991		673	673 N	

Assessment Detail Fin. Detail Payment Refund Cancel Close

Assessment History / Comments Tab

Assessment History

State Fund: CT NAC#: 16111 AMERICAN BANKERS INS. CO. OF FLORIDA

Payment / Refund: Date: Check Number: L.O.C. Balance: Member Balance:

Amount: Line of Credit:

Assessments

Comment Detail:

User	Date	Comment
sa1	05/03/2001	Issuing
mp2	05/03/2001	Re-1993&1994 premium errors

New

Assessment Detail Fin. Detail Payment Refund Cancel Close

FIGURE 46

1322

Figure 47

1340

Adminis
1340 C)

FIGURE 48

Partial / Over Allocation

FIGURE 49

Partial / Over Allocation

Assessment Amount: 0

Allocation Amount: 0

Ok Close

Gross Assessment

FIGURE 50

Gross Assessment

State Fund: CT - Connecticut Insurance Guaranty Association Status: Approved

Insolvency: 111 - Reserve Insurance Company

Insurance Account: Other Amount: 27,955

Kind: REGULAR Deferred Amount:

Type: Credit Premium Base Year: 1973

Assessment Date: 11/06/1998 Reversal:

New Activate Prescind Recurse Repair Search Save Close

Financial Detail / Payment Activity Tab

FIGURE 51

Financial Detail

State Fund: CT Cash Receipt Amount: 1573

Member: COVENANT INSURANCE COMPANY Applied Amount: 1573

Assessment Date: 11/06/1998 Allocated Amount: 1573

Adjustment Date: Outstanding Balance: 0

Payment Activity | **Refund Activity** | **Line of Credit Activity**

Applied Date	Check Number	Check Amount	Amount Applied	Status
01/04/1999	100753	1573	1573	

Assessment Detail Modify Delete Close

Payment Modification

Financial Detail / Refund Activity Tab

Financial Detail			
State Fund:	<input type="text"/>	Cash Percent Amount:	<input type="text"/> 1.5%
Member:	<input type="text"/> COVENANT INSURANCE COMPANY	Applied Amount:	<input type="text"/> 1.5%
Assessment Date:	<input type="text"/> 11/06/1998	Allocated Amount:	<input type="text"/> 1.5%
Adjustment Date:	<input type="text"/>	Outstanding Balance:	<input type="text"/> 0

Payment Activity		Refund Activity		Line of Credit Activity	
Applied Date	Check Number	Check Amount	Amount Applied	Status	

1412

106120'2250660

Financial Detail / Line of Credit Activity Tab

FIGURE 54

Financial Detail

State Fund: Cash Receipt Amount:

Member: Applied Amount:

Assessment Date: Allocated Amount:

Adjustment Date: Outstanding Balance:

Payment Activity Refund Activity Line of Credit Activity

Receipt Date	Credit Number	Credit Amount	Amount Applied	Status

Assessment Detail Modify Delete Withdraw Close

2nd

10E1002225000

Figure 55

Refund Check Search

State:

Name:

Refund Check

Number:

Old Date:

State:

Refund Check Search

Search Verify/Print

State	File	File #	File Date	File Date	File Name	Address
PAID	CT	20524	315022	05/14/2001	1655 SPECIALTY NATION	ATTN: JAY MAHONEY
PAID	CT	15107	315023	05/14/2001	62 AXA RE PROPERTY	17 STATE STREET
PAID	CT	20362	315537	03/07/2001	51 SUMITOMO MARINE	ATTN: DEBRA DUNN
PAID	CT	20535	315535	03/07/2001	481124 INSURANCE	SEAVIEW HOUSE
PAID	CT	12730	315478	07/29/2000	1 EVERGREEN NATL	P.O. BOX 10255
PAID	CT	10714	315101	12/29/2000	8088 AFFILIATED FM INS	ATTN: JIN PHAT T. P. J.
PAID	CT	10075	315074	12/29/2000	502 ARWAY INSURANCE	ATTN: STATISTICAL
PAID	CT	10565	315103	12/29/2000	INSURANCE AUTH	P.O. BOX 105
PAID	CT	10200	315104	12/29/2000	614 INSURANCE OF S	ATTN: MICHAEL T. B. G.
PAID	CT	10243	315105	12/29/2000	7 NATIONAL CONTIN	ATTN: CORPORATE

1450

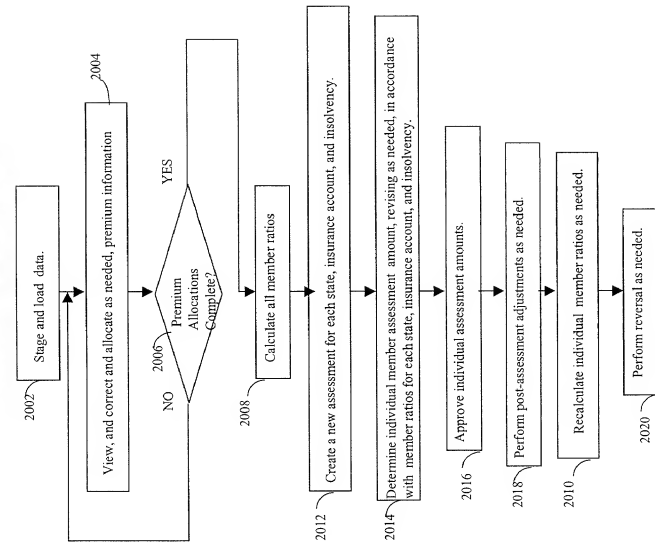


FIGURE 56

NAIC Tables

4100

4100

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_insurer_licensed	money	NULL
naic_direct_test_unpaid	money	NULL
naic_federal_premium	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

4106

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_current_surplus	money	NULL
naic_surplus	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

4110

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_insurer_licensed	money	NULL
naic_direct_test_unpaid	money	NULL
naic_federal_premium	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

4104

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_insurer_licensed	money	NULL
naic_direct_test_unpaid	money	NULL
naic_federal_premium	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

4108

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_current_net_income	money	NULL
naic_net_income	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

4112

Column Name	Column Type	Nullable
naic_id	int	NOT NULL
naic_id	int	NOT NULL
naic_premium_year	int	NOT NULL
naic_code	char(3)	NOT NULL
naic_code	char(3)	NOT NULL
naic_insurer_licensed	money	NULL
naic_direct_test_unpaid	money	NULL
naic_federal_premium	money	NULL
naic_status	varchar(8)	NULL
naic_mod_user	varchar(8)	NULL
naic_add_user	varchar(8)	NULL
naic_add_date	datetime	NULL

2500

7.504

7502

Figure 59

REF ID: A2250660

26067

Premium Detail									
Sole Fund #2		Year: 1998	NAC# 1011	AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA		Involvement Date: 1/15/1998	State: Approved		
		Account	NAC Premium	NAC Dividend	Adjusted Premium	Adjusted Dividend	State Law Adjusted	Net Premium	
104	Line of Insurance								
21	ALL OTHERS	Other	0	0	0	0	0	0	0
3	FARMOWNERS MULTIPOL	Other	37,752	0	0	0	0	0	0
4	FARMOWNERS MULTIPOL	Other	27,782	0	0	0	0	0	0
9	INLAND MARINE	Marine	-123,558	0	-123,558	0	0	27,862	0
17	OTHER LIABILITY	Other	20,084	0	0	0	0	0	0
32	OTHER PRIVATE PASSENGER	Auto	31,947	0	0	0	0	0	0
31	PRIVATE PASSENGER	Auto	52,787	0	0	0	0	0	0
31	PRIVATE PASSENGER	Auto	5,511	0	0	0	0	0	0
31	AGGREGATE WRITINGS	Marine	3,288,977	0	3,288,977	0	0	0	0
31	5-YEAR AVERAGE - AUTO	Auto	0	0	0	0	0	0	0
31	5-YEAR AVERAGE - AUTO	Auto	0	0	0	0	0	0	0
31	5-YEAR AVERAGE - OTHER	Other	0	0	0	0	0	0	0
			21,800		21,800			21,800	
			73,300		73,300			73,300	

2606a

2606b

2602

2604

1

2

Totals

NAC Premium: 3,330,854 / Net Premium: 3,330,854

NAC Dividend: 0 / Net Premium Paid to Policyholders: 3,330,854

State: Approved

Date: 1/15/1998

FILE 60

2700

2708b

2708a

2702

2704

2706

Member Insurance Account [X]

NAIC#: 19550

State Fund Code: VA

Insurance Account: Other

Withdrawal Date: 03/09/1989

Reinstate Date: / /

5-Year Average: 45.865

Save Cancel

FIGURE 61